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## ABSTRACT

This report examines the successes and shortcomings of efforts made on behalf of Ohio's black children and their families during the last generation. The three main sections of the report examine maternal and child health, family economics, and education, discussing the situation as it existed in the recent past and as it exists today, specific interventions that are working to ameliorate conditions, and specific suggestions for a new public agenda to further improve conditions for black children. The report notes that while significant improvements have been made in regard to infant mortality, economic opportunity, and preschool education in the black community, black Ohio children are more likely today than in 1980 to be poor, to be born out of wedlock, to be born underweight, to become a teen parent, and not to attend college. Finally, the report advances 10 overall goals for black children: (1) lower infant mortality rates; (2) lower low birthweight rates; (3) lower teen pregnancy rates; (4) fewer families receiving Aid to Families with Dependent Children funds; (5) improved access to prenatal care; (6) improved legitimacy rates; (7) higher attendance in Head Start programs; (8) improved passing rates on Ohio's Ninth Grade Proficiency Test; (9) improved passing rates on the mathematics section of the Ninth Grade Proficiency Test; and (10) an increased number of students attending college. (MDM)

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# Facing THE Facts



## A PROGRESS REPORT ON OHIO'S BLACK CHILDREN

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## ABOUT THE COVER

Freddie L. Johnson, pictured on the cover tutoring Tracie and Cleophus Hawes at the Central Community House in Columbus, is himself a success story about how public action and private initiative can make a difference in the lives of black children and their families.

Mr. Johnson is a graduate of the first Head Start program established in 1965 -- the first being in his hometown of Hollandale, Mississippi. One of 13 brothers and sisters whose parents worked several jobs to help their children attend school, he will graduate from Capital University Law and Graduate Center in May, 1993, and is scheduled to begin work for the Ohio Attorney General's Office in September of this year.

President of the Black Law Students Association at Capital University, Freddie Johnson and several of his colleagues contribute their time every Saturday to tutor children at the Central Community House program.

Cleophus Hawes, age 9, and Tracie Hawes, age 7, attend Stewart Elementary School in Columbus. They also take part in Central Community House's afterschool program and Saturday tutoring sessions.

Photo by Bill Foreman

## About the Children's Defense Fund

The Children's Defense Fund (CDF) was founded in 1973 to provide a strong and effective voice for the children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor, minority, and handicapped children. Our goal is to educate the nation about the needs of children and encourage preventive investment in children before they get sick, drop out of school, or get into trouble.

CDF is a unique organization. We focus on programs and policies that affect large numbers of children, rather than on helping families on a case-by-case basis. We are a national organization that works to shape federal and state policies for millions of children.

The Ohio office of the Children's Defense Fund opened in 1981. Our Greater Cleveland Project began work in 1991. CDF will open a Greater Cincinnati Project in June. CDF also maintains state offices in Minnesota, and Texas, and local projects in Marlboro County South Carolina, Washington DC, and New York City.

CDF--Ohio's decade long series of reports includes:

- *Right From the Start: Improving Health Care for Ohio's Pregnant Women and Their Children* - 1983
- *Choices: For Ohio - For Children* - 1984\*
- *Day Care: Investing in Ohio's Children* - 1985
- *Growing Up in Ohio: A Legislative Factbook About Our Children* - 1985
- *A High Price to Pay: Teenage Pregnancy in Ohio* - 1986
- *Through the Eyes of Ohio's Children: A Legislative Factbook* - 1987\*

- *Building on Promises: The Legislative Factbook on Ohio's Children* - 1989\*
- *Windows of Opportunity: Ohio Children and the 1990 Election\**
- *Creating Futures for Ohio's Children: A 1991/1992 Factbook\**
- *In partnership with the Junior Leagues of Ohio*

We also produce periodic OHIO FUTURES reports, a series of brief reports on issues that affect the well-being of Ohio's children.

CDF is a private non-profit, non-partisan research and advocacy organization supported by foundations, corporate grants, and individual donations. As an independent voice for children, CDF does not accept government funds.

Support for CDF's work in Ohio comes from America West Airlines; Bank One, Columbus; Banc One Capital Corp.; Borden, Inc.; BP America; Annie E. Casey Foundation; Cleveland Foundation; Columbus Foundation; Columbia Gas of Ohio; Coopers and Lybrand; Crane Family; Davis Fund; Emens, Kegler, Brown, Hill & Ritter; Jacob G. Schmidlapp Trusts, Fifth Third Bank; Mr. and Mrs. John B. Gerlach; Benjamin S. Gerson Family Foundation; Greater Cincinnati Foundation; Huntington National Bank; Jewish Federation of Cincinnati; Joyce Foundation; Andrew Jergens Foundation; Arthur and Sara Jo Kobacker Family Charitable Foundation; Lazarus Family Fund; Lazarus Department Stores; Limited, Inc.; NBD Bank; National City Bank; Nationwide Insurance; The Nord Family Foundation; Ohio Children's Foundation; Porter, Wright, Morris and Arthur; Premier Industrial Foundation; Procter and Gamble Fund; Red Roof Inns; Sherwick Fund; Squire, Sanders & Dempsey; TRW Foundation; Treu-Mart Fund; Vorys, Sater, Seymour & Pease; White Castle Systems; White Consolidated Industries; Wolfe Enterprises, Inc.; Wolpert Fund; Leo Yassenoff Foundation; and many generous individuals and organizations.

# Facing THE Facts



## A PROGRESS REPORT ON OHIO'S BLACK CHILDREN

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### FACING THE FACTS

## **A PROGRESS REPORT ON OHIO'S BLACK CHILDREN**

Today, nearly 40 percent of Ohio's black families are middle class. An overwhelming majority of these families are two-parent households with annual incomes of \$25,000 or more.

On the other hand, nearly half of all black children in Ohio live in extreme poverty, with annual family incomes under \$8,000. These are Ohio's poorest children, rivaling the worst in Appalachian poverty. Nearly 75 percent of black children in single-female headed families are poor, compared to only 18 percent of children in two-parent black families.

Profound contrasts like these, in the areas of maternal and child health, family economics, and education, are explored in this first-of-its-kind report titled *Facing the Facts: A Progress Report on Ohio's Black Children*. Involving the efforts of researchers, child advocacy experts, and a statewide advisory panel, *Facing the Facts* looks at the successes and shortcomings of efforts made on behalf of black children and their families during the last generation.

Time and again, and in all categories examined in this report, *Facing the Facts* reveals extreme and sharp contrasts in the lives of different segments of Ohio's black child population. For example,

- More black children are living past age one because of improved intensive care practices in hospitals and other settings.

- An increased number of black children live in middle class families.
- More poor black three- and four-year-olds are attending preschool, as a result of expanded Head Start programs.

On the other hand, compared to 1980, black Ohio children are more likely to:

- be poor,
- have a mother who received late prenatal care,
- be born underweight,
- be born out-of-wedlock,
- become a teen parent with more than one child,
- not attend college, or graduate from college.

The costs of these downward trends in black child well-being--in human and societal terms--are staggering. Half of Ohio's black children depend on some form of public assistance. Medical costs associated with children who are born underweight, and mothers who do not receive timely prenatal care, are substantially higher than if these children and expectant mothers were healthy. Later avoidable costs, such as emergency room treatment for primary care, often are the result of the predicament that black children and their families find themselves in today.

The greatest cost is lost potential and productivity. Unless these trends are reversed,



*"The monumental achievement of the civil rights revolution was not sustained long enough to bring millions of black children into the social and economic mainstream of American society."*

*Malcolm Wright Johnson*

many poor black children will not have the opportunity to contribute to their own, nor the state's, economic future.

*Facing the Facts* provides information and data on the status of black children in Ohio today, and offers benchmarks that public leadership and private individuals can use to measure progress towards addressing issues in the months ahead.

It is in the 10 benchmarks below that *Facing the Facts* finds its definition. They represent reasonable and attainable goals for improving the lives of black children and their families by the end of 1994. They represent a consensus among a growing number of Ohioans that substantial progress

must be made--and made soon--if thousands of our state's youngsters are to have a chance at achieving viable and independent lives.

By *facing the facts*, and working to achieve these critical benchmarks, Ohioans will have a better understanding of what many black children and black households confront every day. Black families face barriers in obtaining proper health and prenatal care, securing a quality public school education, finding a well-paying job and raising a family in economically depressed communities. By *facing the facts*, Ohioans will confront the conditions which prompt change as well as provide a foundation for the benchmarks presented here.

*There are 370,000  
black children living  
in Ohio, along with  
2.4 million white  
children.*



*Photo by Mike Sepanick*

*Nearly 60 percent of all black babies born in Ohio are born in three counties -- Cuyahoga, Franklin and Hamilton. There are more black babies born in these three counties combined than are born in 32 states.*

- #1 Reduce Ohio's black infant mortality rate from 16.4 deaths per 1,000 live births to 15 per 1,000 live births.** This would mean that 33 more black infants live to their first birthday.
- #2 Decrease the rate of low birth-weight black infants from 13.9 percent to 12.8 percent.** This would result in 325 more black infants born weighing more than 5½ pounds.
- #3 Increase the percentage of black women receiving early prenatal care from 66 to 69 percent.** This would mean that 825 additional expectant mothers receive timely prenatal care.
- #4 Lower the black teen birth rate from 26 to 21 percent of all births to black women.** This would result in 1,341 fewer black teens becoming pregnant and giving birth.
- #5 Improve by five percentage points the rate of unmarried black fathers who sign their babies' birth certificates.** This would mean that 53 percent, or 1,163 more fathers of black babies sign their children's birth certificate.
- #6 Reduce by five percentage points, the number of black families who depend on the Aid to Dependent Children (ADC) program.** Reduce this caseload by finding long-term, full-time employment with health benefits for 13,000 black families. This means that the share of black families on public assistance would drop from more than 38 percent of all the families to 33 percent.
- #7 Expand preschool participation in the Head Start program from 47 percent of eligible children to 63 percent.**
- #8 Improve by five percentage points the passing rates for black students for all four parts of Ohio's Ninth Grade Proficiency Test.** This would bring statewide passing rates for black students up to 20 percent.
- #9 Raise by five percentage points the black student passing rates for the mathematics section of the Ninth Grade Proficiency Test.** This would improve the statewide rate to 26 percent.
- #10 Increase black student enrollment in Ohio's colleges and universities from 8.2 percent to 8.6 percent of total enrollment.** This would mean an additional 1,900 black students would attend college.

*Facing the Facts* offers recommendations for public policy and private action on behalf of Ohio's black children and families. The recommendations identify ways for African-Americans and all Ohioans to address these issues which affect us all.

A **New Public Agenda** offers policy recommendations to government leaders at the state, county, and local levels about legislative and administrative action that is available to them. It provides the rationale for positive action as well as the steps necessary for change.

**A New Private Agenda** provides practical suggestions to businesses, churches, civic organizations, neighborhood groups and private individuals about what they can do to help improve the future for black children and their families. It is an agenda as important as that for public policy, but which is too often overlooked.

***Facing the Facts: A Progress Report on Ohio's Black Children*** combines data and research with benchmarks and recommendations for positive change. It is a resource that can be used to make a difference in the lives of black children, African-American families, and all Ohioans.

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**Editor's Note:** The terms "black" and "African-American" are used interchangeably in this report.



## Maternal and Child Health

### HEALTH CARE FOR BLACK INFANTS AND MOTHERS IN OHIO

If a mother begins prenatal care late or if her child is born too small or too soon, life is an uphill climb. Twice as many black mothers and infants have to struggle against these odds as white mothers and infants. Black babies are also twice as likely to die before their first birthday as white babies. In fact, if the black and white infant mortality rates were equal, 239 more Ohio black babies who were born in 1991 would have lived to celebrate their first birthday.



*Photo by Mike Sepanick*

In spite of the gains that have been made over the past decade, prenatal care and low birthweight rates are worse for black mothers now than in 1980. While not funding programs to address these problems may save money in the short term, the long term consequences demand too high a price. If Ohio does not provide routine prenatal care and nutrition, immunizations and health exams, or timely medical care, the costs are only delayed and magnified. Delays result in higher specialized health care and special education costs.

### MAKING A DIFFERENCE FOR OHIO'S BLACK FAMILIES

There are solutions and programs that work. In Ohio, the program that has probably had the most impact on the health of pregnant women and children is the Medicaid health insurance program. Over 45 percent of Ohio's black infants and 23 percent of Ohio's white infants are covered by the Medicaid program. Many of these infants receive health care through their mothers' participation in the Healthy Start program.

Medicaid is not only important to the very poor. Medicaid's Healthy Start and At-Risk Pregnancy programs serve many working poor pregnant women and their children. Often services are provided at clinics supported by the state health department.

- Until five years ago only families on public assistance were eligible for Medicaid. Now one-fourth of participants are low-wage workers.
- The Healthy Start program began in 1989 and has improved low birthweight

rates for participating working poor mothers by 30 percent.

Expanding Medicaid to cover some working poor women and children is not enough. Ohio needs to improve services to those on public assistance and serve more of the working poor. Thirty other states serve more working poor expectant mothers than does Ohio.

In addition to Medicaid's statewide impact, many communities are successfully addressing the problems of health care access and poor health care for black babies and pregnant women.

#### STRATEGIES THAT ARE WORKING

##### **Avoid Infant Mortality (AIM) Project**

YOUNGSTOWN

*Initiated with a grant from the Ohio Commission on Minority Health, the Avoid Infant Mortality (AIM) Project uses a team of outreach workers to target neighborhoods in Youngstown with the highest infant mortality rates. Outreach workers visit schools, jails, teen parent programs, and homes for developmentally delayed adults; identify pregnant women and assist them with obtaining prenatal and postpartum care; and help them obtain well-child care for their children up to one year of age.*

Youngstown Health Commissioner Neal Altman says, "We often get cards or pictures of happy mothers holding healthy babies, thanking the AIM staff for being there when they were needed. AIM makes a difference."

##### **The MetroHealth Perinatal Outreach Project (M&I)**

CLEVELAND

*The MetroHealth Perinatal Outreach Project of the Maternal and Infant Health Care program (M&I), serves two census tracts with the highest infant mortality rates in Cleveland. The project uses community workers from public housing projects to go door-to-door to identify pregnant women and help them obtain prenatal care. In 1991, the M&I neonatal mortality rate, the number of babies who die within a month of birth, was almost 40 percent better than the city as a whole. This program has received national recognition for its effectiveness.*

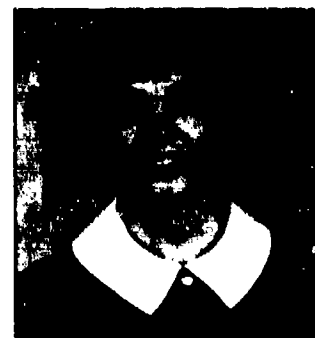
##### **Head Start**

*Early childhood education and child care programs, like Head Start, require immunizations. Over 90 percent of Ohio youngsters enrolled in these programs receive vaccinations. Over 50 percent of poor black three- and four-year-olds are enrolled in Head Start and are receiving vaccinations.*

##### **Women's Recovery Center**

XENIA

*The Women's Recovery Center is funded by the Ohio Department of Alcohol and Drug Addiction Services (ODADAS). It provides residential treatment services to pregnant women and to infants born under its care. Birth outcomes for the infants born to mothers in the program have improved as a result of this intervention. Beginning July 1, 1993, all ODADAS funded treatment programs will be required to provide child care and prenatal care services.*



*"A positive future for black children depends in large measure on the future for all children."*

*Barack Obama*

## THE UNFINISHED AGENDA

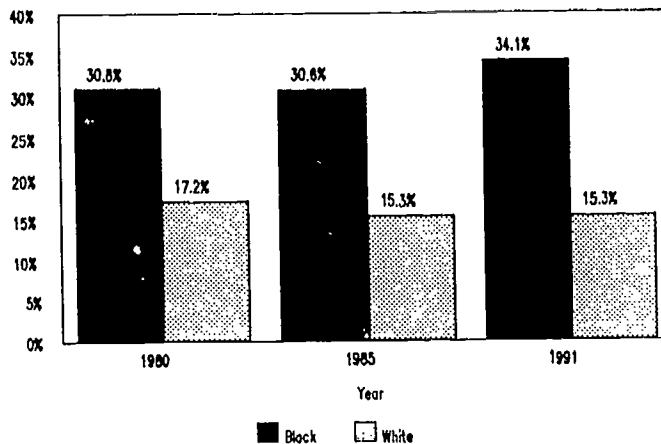
### OVERCOMING BARRIERS TO BETTER HEALTH

Nowhere is the gap between black and white infants and their mothers more apparent than with the three primary indicators of maternal and child health: **timely prenatal care** (care beginning during the first three months of pregnancy), **low birthweight** (infants born weighing less than 5½ pounds), and **infant mortality** (babies who die before their first birthday).

Pregnant black women are 11 percent less likely to receive timely prenatal care today than in 1980.

- In 1991, over 56 percent of pregnant Ohio women who received no prenatal care were black. This means that 1,300 black Ohio pregnant women received no care until they delivered their babies.

Delayed Prenatal Care  
(After First 3 Months of Pregnancy)



Early prenatal care identifies health problems of the mother, allows monitoring of the baby's development, and provides referrals to important programs like WIC (the supplemental food program for infants, children, and pregnant women).

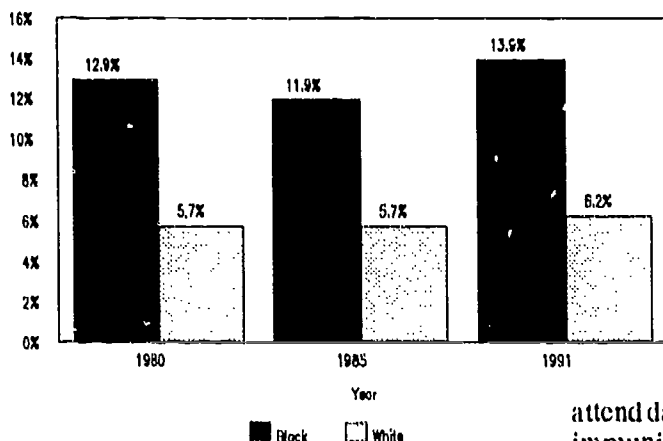
Early identification means that pregnant women with alcohol and substance abuse problems can be directed to programs designed to help them.

Unfortunately for low-income pregnant women needing this kind of prenatal care, Ohio's Medicaid program is more restrictive than programs in 30 other states. For example, a pregnant working woman in a family of two qualifies for Medicaid in Detroit, St. Paul, Louisville, or even South Central Los Angeles if she earns as much as \$17,450. This same woman would not qualify for Medicaid in Ohio. In fact, pregnant working women living under the same conditions do not qualify for Ohio's Medicaid program when their annual wages surpass \$12,550.

In 1991, black mothers were twice as likely as white mothers to deliver low birthweight babies. Black mothers were also eight percent more likely to deliver underweight babies in 1991 than in 1980. In 1991, in nine of Ohio's largest counties, 14 percent of black women and six percent of white women delivered low birthweight babies. Some urban counties have higher rates of underweight babies than China, Peru, or Iraq.

Infants born with a low birthweight are at greater risk of infant death, mental retardation, and cerebral palsy, and are susceptible

### Low Birthweight Babies (Under 5.5 Pounds)



to other problems, such as those relating to hearing and vision. Special education and health care services for these children are costly to taxpayers.

The infant mortality rate is the only health indicator that has improved for all races since 1980. Almost seven more black infants per 1,000 live today than in 1980. However, black infants in Ohio are more than twice as likely as white infants to die before their first birthday or even before they are one month old.

Infant mortality, or the number of babies per 1,000 births who will die before their first birthday, is used universally as a measure of good health care for both mothers and babies.

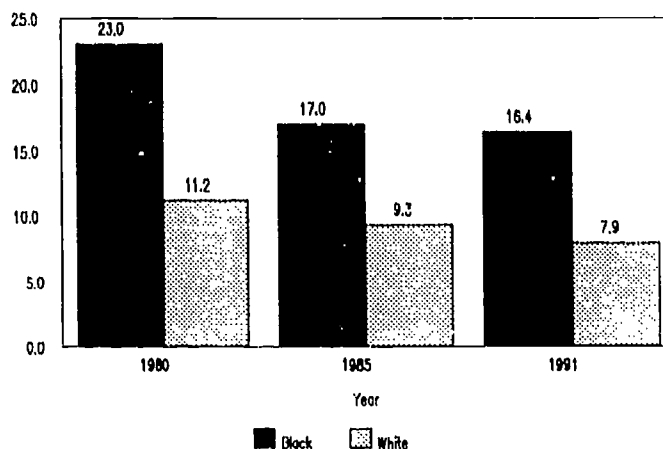
In 1991, infant mortality rates for Ohio's black and white infants were 16.4 and 7.9 deaths per 1,000 live births respectively.

### IMMUNIZATIONS

Only 52 percent of Ohio's two-year-olds are fully immunized. Children born to unwed parents are 20 percent less likely to be immunized than children of married parents. Because black mothers are more likely to be unmarried, young, poor, and without a high school education, their children are less likely to be immunized. In sharp contrast, over 90 percent of youngsters who attend day care and preschool programs are immunized.

One reason for these low rates of immunization may be that many Ohio families do not have a regular health care provider. Many health care professionals will not

### Infant Mortality (Per 1,000 Births)



*African-American  
infants in Ohio today  
are twice as likely as  
white babies to be  
born with low  
birthweights and  
to die before their  
first birthday.  
African-American  
mothers are twice as  
likely as white moth-  
ers to receive late  
prenatal care.*

provide care to families who lack health insurance. Some doctors do not accept Medicaid, or may only accept a limited number of Medicaid patients. In some communities, long waiting lists require that mothers and children wait six weeks or more for care. When these women and children arrive for their appointments they may not see the physician they saw on their last visit. Also, they may have to wait several hours in a crowded room with no child care, cafeteria facilities, nor play space for their children.

### **SUBSTANCE ABUSE**

An estimated 15 percent of pregnant women have problems with alcohol and other drugs. This problem not only affects the health of mothers, but also the health of their babies. In 1990, at least 2,300 Ohio babies were exposed to cocaine within the 72 hours before they were born.

Drug and alcohol use do not recognize color or class. In fact, Fetal Alcohol Syndrome (FAS) is now the leading recognizable cause of mental retardation in the United States. Many women who abuse drugs, both illegal and prescription drugs, do so in combination with alcohol. Babies born to mothers who abuse alcohol are often born at low birthweight, have facial malformations, and later may have low I.Q.s, hyperactivity, and learning problems. When alcohol is combined with drug abuse, babies are at an even greater risk.

Programs designed to address dependency during pregnancy have been proven to be effective. Addicted pregnant women have better birth outcomes if they receive prena-

tal care, even if they are not able to completely "kick" their habit. But pregnant women need to be asked about their drug and alcohol use and referred to appropriate services. Currently, Medicaid will pay for detoxification, and outpatient and residential treatment programs.

Treatment services are found to be most effective if they allow children to stay with their mothers during residential care. Effectiveness is also increased when programs are accessible and when they provide support services, such as child care and transportation.

Improving maternal and child health care for black mothers and children by addressing these issues will improve the quality of life for thousands of children--and save money.

### **FACING THE FACTS**

### **A NEW PUBLIC AGENDA TO IMPROVE THE HEALTH OF BLACK FAMILIES**

Effective public action toward better maternal and child health care combines creative responses to age-old hurdles along with a new sense of urgency--an urgency that prompts government to look at problems differently and cut through its own red tape. Opportunities for change, along with the need for urgent public action, exist in Ohio as well.

For instance, by making Medicaid coverage accessible to more pregnant women for prenatal care, public costs for expensive care of low birthweight infants can be reduced. By modifying the operating hours at local health departments and clinics,

more low-income parents can get their children immunized.

While the opportunities for progress, both long- and short-term, are clear, so are the consequences for delay. The public costs for inaction are surpassed only by the human costs to families and children -- both white and minority.

As a consequence, A New Public Agenda should:

- #1 Expand Medicaid coverage to more pregnant women in poor working families.** In 30 other states, mothers and infants in working poor families (up to 185 percent of the federal poverty level, or \$17,450 for a family of two) are covered by the Medicaid health insurance program. Ohio is failing to take advantage of federal funds that will pay 60 percent of the cost for this program expansion.
- #2 Target resources and outreach efforts to communities with high rates of late prenatal care.** The Ohio Department of Health (ODH) and the Ohio Department of Human Services should fund programs which provide intensive outreach services for black families, like the AIM Program in Youngstown, and the M & I Program in Cleveland. CDH should place child and family health clinics and other programs, like WIC, in the same location.
- #3 Initiate additional alcohol and drug treatment programs for pregnant women and new parents,** like the ones funded by the Ohio Department of Al-

cohol and Drug Addiction Services. Treatment and recovery programs need to be developed and implemented that are specific to low-income women. These programs must be community-based. They must allow mothers to care for their children while receiving help, and include after-care services to assure a successful recovery.

- #4 Increase the use of nurse practitioners, nurse midwives, and physician assistants.** The Ohio Department of Health and the Medicaid program should encourage the use of these professionals. When providing care in conjunction with physicians, these health care professionals are often able to spend more time with expectant parents and provide more detail about nutrition, substance abuse, and other health issues. The use of these professionals is part of the successful strategy used by the M & I program.
- #5 Modify the operating hours of clinics to serve working poor parents.** Local health departments should provide weekend and evening hours to allow uninsured working families to seek medical care and immunizations for their children without losing pay.
- #6 Issue annual reports measuring progress to improve black infant mortality, low birthweight, late prenatal care, and immunization rates.** Every year providers, state government, and local communities should describe steps taken to improve the health status of black mothers and babies.

*Nearly 90 percent of Ohio's African-American babies are born in Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Stark and Summit counties. Only 48 percent of white babies are born in these counties.*



### FACING THE FACTS

## **A NEW PRIVATE AGENDA TO IMPROVE THE HEALTH OF BLACK FAMILIES**

There is a rich tradition of community leadership in black communities throughout Ohio. Neighborhood organizations, churches, sororities, fraternities, and professional groups are taking steps to improve opportunities for children in every part of the state.



*Photo by Rich Snyder*

Building on this tradition, and recognizing that government cannot alone improve the health of Ohio's black children and their families, individuals and communities through **A New Private Agenda** should:

- #1 Learn about the maternal and child health rates in your community, and take steps to improve them.** Make sure elected officials hear your concerns. At election time, ask candidates how they will work to improve the health of your community. Offer to drive patients to appointments, staff the reception desk at your local health clinic, or distribute literature about the availability of health care services in your community.
- #2 Provide ongoing services through churches.** Churches can hold "baby showers" with donated and purchased items for pregnant women in the community. Churches can invite local social services agencies, WIC, and public clinics to enroll eligible participants. Congregations can invite local health clinics to hold monthly immunization days.
- #3 Organize a health fair through your fraternal organization or civic club.** Ask physicians, nurses, dental professionals, and nutritionists to participate and provide simple procedures such as blood pressure screenings. Distribute brochures and pamphlets regarding health resources in your community. Designate a day per month to identify neighborhood women who need prenatal care using the Maternity and Infant Health or the AIM Program mod-

els. Volunteer to pass out information about prenatal care services and resources.

**#4 Ask your local health department about immunization rates for two-year-olds in your community** and design a project to vaccinate children who have not received all of their shots. Persuade clinics and physicians to offer evening and weekend services for working families. Work with the local health department, health care providers, TV and radio stations, and where available, the children's hospital to raise the community's awareness about the importance of immunizations. Distribute flyers which identify the locations and schedules of clinics that provide free or low-cost immunizations.

**#5 Help increase the number of health professionals in your community.** Help your church, local civic group, or fraternal association establish a scholarship program to provide moral and financial support to students who want a medical career. Work to identify high school students who have an interest in science, and who are interested in becoming doctors, nurses, physician assistants, or other types of health care professionals.



## Family Economics

### BLACK FAMILY ECONOMICS

Most people are surprised when they learn that 40 percent of black American families with children are categorized as "middle class", or having annual incomes of \$25,000. In fact, 13 percent of American black families--more than 1.1 million households--live in upper middle class economic groups and earn more than \$50,000 a year.

In the sharpest of contrasts, however, half of all Ohio's black children live in extreme poverty, with annual family incomes under \$8,000. While children today are the poorest age group in Ohio, black children are the poorest of the poor.

The economic profile of Ohio's black children and families is one of profound contrast between those who are succeeding and those who are not. The reasons vary from family to family, but often hinge on factors such as poor schooling and job training, teenage pregnancy and early parenting, lack of child support and single-parent households. Of course, these are factors which affect whites as well as blacks. Yet, they affect a higher percentage of black children.

### MAKING A DIFFERENCE FOR OHIO'S BLACK FAMILIES

Whether a black family achieves economic success depends greatly on one factor over many others: the number of parents living in that household. A direct correlation exists between the prevalence of two-parent families and economic self-sufficiency.

Simply put, two incomes provide more resources to a household. Two incomes also provide a safety net in case one wage earning parent is unexpectedly out of work.

Children of married couple households are four times more likely to live in middle class homes than children of single-parent families. Nationally, more than 73 percent of black middle class and upper middle class families are headed by married couples. At the same time, 73 percent of Ohio's black children who live in single female-headed households are poor.

As a consequence, strategies which preserve families--or provide substitute support when a parent is absent--are some of the most valuable in making an economic difference for Ohio's black families.

### STRATEGIES THAT ARE WORKING

#### Cleveland Works

##### CLEVELAND

*Cleveland Works operates a program funded with federal and local dollars that provides education, job training, and work-related expenses for public assistance recipients. This six-year-old agency has enabled over 500 adults and children to leave public assistance and boasts that 85 to 90 percent of its participants remain employed. Since 1991, it has offered Beat the Streets, an intensive job readiness and life skills program directed at unemployed young men ages 16 to 25. To help support working families, the program operates a Head Start program partially funded by the West*



*"We who operate programs which serve black families have a special responsibility to ensure that these programs are well-managed and make a real difference in the lives of the people we serve."*

Marilyn Thomas

*Side Ecumenical Ministries Head Start delegate agency, and a child care center.*

### **Graduation, Reality, and Dual-Role Skills (GRADS)**

*Teen parent education programs help teen parents finish high school. Ohio's Graduation, Reality, and Dual-Role Skills (GRADS) program reaches 10,500 students in 400 school districts and 47 joint vocational school districts statewide. This program has an 86 percent success rate in keeping teen parents in school.*

### **Paternity Establishment**

*By signing their baby's birth certificate, unmarried fathers can establish their parentage and responsibility to support their children. Establishing paternity gives children a link to their fathers and future support. Paternity establishment and child support help children in families headed by a single parent survive economically. Children who receive support are less likely to return to public assistance.*

### **THE UNFINISHED AGENDA**

### **OVERCOMING BARRIERS TO ECONOMIC WELL-BEING**

The link between two parent families and economic advancement is as strong as the prevalence of one-parent families in low-income households.

Only 18 percent of Ohio's black children who live in families headed by married couples are poor. By contrast, black female-headed families have only a third of the annual income of black married-couple families.

### **Ohio Family Households With Children -1989**

| Family Type    | Black % | White % |
|----------------|---------|---------|
| Married Couple | 40      | 82      |
| Female Head    | 55      | 15      |
| Male Head      | 5       | 3       |

Ohio Data Users Center--1990 Census of Population and Housing

Black children are more likely to be born to unmarried parents and less likely to receive child support. Specifically:

- Three of every five black Ohio children live in single-parent families, compared to one in five white children.
- More than 75 percent of Ohio's black infants were born to unmarried parents, compared to 22 percent of white babies in 1991. Most of these parents are adults--not teenagers.
- Nationally, black mothers are half as likely to have a child support award as white mothers. Only 29 percent of poor black women have a child support award, compared to 55 percent for poor white women.
- Only 48 percent of unmarried black fathers sign their child's birth certificate compared to 59 percent of unmarried white fathers.

Consequently, black children are less likely to receive child support and more likely to be poor.

*Almost 87 percent of Ohio's black population live in the nine counties of Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Stark and Summit. Only 48 percent of Ohio's white population live in these counties.*



*Photo by Mike Sepanick*

### **UNEMPLOYMENT**

Another important factor which contributes to high black child poverty is the unemployment rate of their parents. In 1989, the average unemployment rate for black Ohioans was 15 percent, compared to 6 percent for white Ohioans.

One consequence of this high unemployment is that 50 percent of Ohio's black youngsters are recipients of the Aid to Dependent Children (ADC) program. Over 38 percent of all children receiving ADC benefits are black, but only 13 percent of Ohio's children are black.

The ability to leave public assistance is hampered even when parents find jobs. Program rules force working families to leave ADC after 90 days, even when they are earning too little to support a family.

Often, families leave ADC for jobs and still find themselves impoverished. For instance, a family of three is considered poor if its annual income is under \$11,890. Yet, a full-time minimum wage job, which pays \$8,840 annually, will not keep that family of three out of poverty.

### **TEEN PREGNANCY AND POVERTY**

There is a direct correlation between poverty and teen pregnancy. Since 1980 the number of children living in poverty has increased by 23 percent. Ohio's rising child poverty rate indicates that a growing number of Ohio teens are at risk of becoming teen parents.

Studies document that low-income teens who are doing poorly in school, and who have few positive expectations for the future, are more likely to have a child before

finishing high school. Because black teens are disproportionately poor and behind in school, they are at five times the risk of becoming teen parents than students who are affluent and have good grades.

More than one in four black babies is born to a teen, compared to one in nine for whites. Nearly 90 percent of all Ohio black teen births occurred in nine urban counties. In 1991, 14 percent, or 23,020 of all Ohio births were to teens. This is the highest rate since 1983.

Nearly half of Ohio's black teen mothers are age 17 or younger, while only one-third of white teen mothers are as young. Having a baby while very young increases the chances of having additional babies while still a teen. Over one-third of black teen parents were delivering a second or third child, compared to 21 percent for white teenagers.

More than 96 percent of black teen mothers were not married when their child was born, compared to 67 percent for white teen mothers. In addition, only 46 percent of fathers of babies born to unmarried black teenagers sign their child's birth certificate, compared to 57 percent of their white counterparts.

#### FACING THE FACTS

### **A NEW PUBLIC AGENDA TO IMPROVE THE ECONOMIC WELL-BEING OF BLACK FAMILIES**

Targets for positive change are clear when it comes to helping black families and children improve their economic well-being. Cause and effect relationships exist

between teen pregnancy and poverty. Economic success has much to do with whether a child is supported by both parents. For single-parent families, the prospects of continued poverty depend largely on their ability to secure child support--with child support often hinging on the establishment of paternity.

Consequently, **A New Public Agenda** for improving the economic well-being of black children and their families should take advantage of specific opportunities that are within reach of public policymakers. Near-term action steps are available to help families earn their way out of poverty, to eliminate barriers for parents who want to work, and to help black teenagers from becoming parents. This agenda should help Ohio to:

- #1 Expand successful job placement programs** such as Cleveland Works which has placed over 500 unemployed parents in jobs paying \$7.00/hour or more with health insurance. In addition, Ohio should take full advantage of federal JOBS training dollars.
- #2 Initiate teen pregnancy prevention programs in schools** with high rates of teen births and expand the successful GRADS teen parent program. Ohio's highest teen birth rates are found among urban black teens and Appalachian adolescents. Yet, many school districts in these areas have no systematic prevention programs, and there is little coordination with local departments of health and human services. Currently, the GRADS program only serves 27 percent of potentially eligible teen parents.

*Next to public education, child support is the second largest public program for Ohio's black children.*

*"Upper middle class blacks, like affluent whites, tend to be well educated, own their homes, and are married. Most upper middle class black families, like upper middle class white families, obtain \$50,000 a year in income by combining earnings from two or more family members."*

*African Americans  
in the 1990s,  
Population  
Reference Bureau*

**#3 Remove the marriage and work penalties from the Aid to Dependent Children (ADC) program.** Current federal law forces families who work to leave ADC after 90 days, regardless of how little they earn. This results in only six percent of ADC families working compared to 20 percent in 1980.

**#4 Institute an Ohio Earned Income Tax Credit (EITC) which supplements the wages of low income working parents.** The federal EITC provides incentive payments up to \$2,211 for married or single low-wage parents. Ohio tax law provides no similar incentives for low-wage parents.

**#5 Issue an annual status report on all children in major programs, by race.** The Ohio Department of Human Services should follow the excellent example of its internal analysis of the Medicaid program and provide racial data for the Aid to Dependent Children, child support (including paternity), JOBS, LEAP, and other major programs.

#### FACING THE FACTS

### **A NEW PRIVATE AGENDA TO IMPROVE THE ECONOMIC WELL-BEING OF BLACK FAMILIES**

In addition to what can be achieved by the public sector, there are opportunities for individuals, civic organizations and neighborhood groups to help eliminate barriers to economic success for black families. These opportunities include advocacy for responsible public policy agendas, such as the recommendations outlined above.

**A New Private Agenda**, however, also must include specific actions available at the neighborhood level for those who want to pitch-in. In addition to taking personal responsibility for financially supporting your children, this kind of response includes participating in a mentoring program, or helping a nearby fraternal organization sponsor a jobs fair for black teenagers looking for work. This agenda should:

**#1 Open your church or community building for teen pregnancy prevention and after school programs** where young people can study and play free from drugs, violence, and casual sex. Church or temple libraries can provide materials that help parents and teens talk candidly about teen pregnancy, out-of-wedlock births, and their consequences.

**#2 Set up mentoring programs that match successful black adults with teens** to provide one-on-one guidance and exposure to the world of success in the work force.

**#3 Ensure that every child has a legally identified father and mother.** Every unmarried father should sign his child's birth certificate, which entitles his child to Social Security, insurance, and other benefits. Most fathers of babies born to teens are adults, not teenagers. Parents, teachers, clergy, social service and health workers -- should reinforce this message.

**#4 Organize a jobs fair through your church, fraternal organization, or civic group.** Invite employers to at-

tend and include workshops on improving job skills. Build a network where people with jobs let others know about job openings.

**#5 Educate private charitable organizations about conditions facing poor black families.** Help educate local foundations, corporations, and local charitable drives about the needs of poor black families and successful private sector programs.

## Education

### *FOR BLACK CHILDREN IN OHIO*

Public education has historically been society's "doorway" through which children have traveled to better economic futures. In the past, it represented an opportunity for all children to succeed.

Today, unfortunately, growing numbers of children walk into school unprepared to learn. These are children who have poor nutrition, too little sleep, and who come



*Photo by Herbert Ascherman, Jr.*

from homes where books and educational resources are a luxury. Add to this that many poor families move frequently, it is little wonder that these children perform poorly in school.

Many educators are eager to remove these barriers to learning. Many public schools are beginning to reach beyond their traditional role in the classroom -- and provide support for low-income children before, during, and after class each day.

It is imperative that common strategies be developed between schools and health and human service agencies. Increasingly, public schools are challenged to provide more than just the "3 R's" to disadvantaged children.

Nearly three-quarters of Ohio's black students attend public schools whose student bodies are predominantly poor. Research shows that these students do not do as well academically as those attending school with few low-income students. It is in these low-income school districts where the challenges to effective public education are perhaps the greatest. And it is here where public and private intervention is needed most.

Opportunities exist for renewing public education's role as the "doorway" of opportunity for black children and their families. Several local programs, as well as selected statewide initiatives, are working to put poor children back on track to successful academic and economic futures.



## MAKING A DIFFERENCE FOR OHIO'S BLACK FAMILIES

Children who attend quality preschool programs do better. They are less likely to require costly remedial placements and less likely to repeat a grade. Also, graduates of quality early childhood programs are less likely to become teen parents, and more likely to graduate from high school and become employed.

Ohio is now serving more of its eligible children in Head Start than any other urban state--thanks to the commitment of Ohio's former Governor Celeste and current Governor Voinovich and the support of the Ohio General Assembly. The value of Head Start has also been recognized at the federal level, with both former President Bush and President Clinton supporting substantial expansions of the program.

While Ohio leads the country in state support for Head Start, a majority of eligible preschoolers are going unserved. By the end of the 1992-1993 school year, only 47 percent of all poor Ohio three- and four-year-olds will attend Head Start. Limited funding of the program means that only 58 percent of eligible poor black preschoolers and only 40 percent of eligible poor white preschoolers can attend Head Start.

Head Start and other early childhood programs provide the foundation on which children's educational and employment futures rest. It is important that quality kindergarten and elementary school programs that build on Head Start's foundation exist for low-income youngsters and their families, if gains made in Head Start are to continue.

All day, everyday kindergarten will help children continue the progress made in Head Start. Kindergarten through third grade classrooms must develop a parent involvement component modeled after Head Start. Head Start involves parents in many ways. The program teaches parents how to be their child's first teacher by helping their children develop new skills. Parent involvement and linking families with health and social services, at least through the early primary grades, will help children stay in school.

*All three of Karen Fletcher's children -- Jackalynne, Jarralynne, and James--attended Head Start. In 1993, Jackalynne will graduate from law school and will obtain a Masters Degree in Business Administration from The Ohio State University. Jarralynne is a Fisk University graduate and will receive a Masters Degree in Psychology in June, 1993. James will receive a Bachelors Degree in May, 1993 from Alcorn State University. After sending all of her children to school, mother Karen pursued her own education and recently earned a Bachelors Degree from Miami University.*

Success with educational programs for disadvantaged black and white children is not limited to Head Start. Intervention programs in a number of urban communities have achieved promising results for older student seeking college or a promising job after high school.



*"All children, especially black children, would be better served by an educational system that embodied the belief that virtually all children are capable of learning."*

*Victor Young*



## STRATEGIES THAT ARE WORKING

*"Attending Head Start meant a great deal. At an early age I was encouraged to achieve and set goals. It was a great experience that I hope will be extended to other children."*

Jackalynne Fletcher

### **Cleveland Scholarship Programs (CSP) and the I Know I Can Program**

CLEVELAND AND COLUMBUS

*The Cleveland Scholarship Programs (CSP) and the I Know I Can Program in Columbus help qualified low-income students attend college. These programs help students obtain scholarships and provide financial aid. More than 75 percent of students in the Cleveland program go on to attend and graduate from a four-year college. Cleveland mayor Michael White is a former CSP participant.*

### **Jobs for Ohio's Graduates (JOG)**

*Ohio is one of the 20 states participating in the Jobs for America's Graduates program. The JOG program for high school juniors and seniors ensures that they receive remedial education and job training services to prepare them for employment opportunities after graduation. More than 92 percent of JOG students graduate from high school. Over 80 percent of recent JOG graduates have obtained full-time employment, enrolled in college, or entered the military. JOG currently operates in 78 school districts, and serves nearly 4,400 students in 114 high schools.*

### **University of Akron's Upward Bound Program**

AKRON

*The University of Akron is one of several state universities with a program modeled on the Upward Bound program. This effort provides middle and secondary school stu-*

*dents with individualized after school and weekend classes designed to help them do well in college. Parents play an active role by committing to help their children with their schoolwork, and to provide encouragement. Graduates return to provide mentoring services to current participants. Qualified students who wish to go to college after high school have all their college expenses paid if they attend the University of Akron. These programs not only benefit students, but their parents as well. Some parents return to school to obtain their high school diplomas or college degrees.*

### **THE UNFINISHED AGENDA**

#### **OVERCOMING BARRIERS TO ECONOMIC WELL-BEING**

Despite these examples of success, it is here where much of the statistical good news ends. For instance,

- In 1992, only 15 percent of black ninth graders passed all four parts of their high school proficiency tests on their first attempt.
- Fewer black children go on to attend college today--and even fewer obtain a college degree--than in 1980.

The glimmers of hope spawned by the successes of programs like Head Start and Upward Bound are threatened by the serious problems that many black children bring with them to school. Consider the childhood experience of black children entering first grade in the 1992-1993 school year.

- More than 60 percent were born out of wedlock.
- Over 25 percent were born to teen parents, most of whom were not high school graduates.
- Almost 12 percent were born underweight, which increases their risk of learning disabilities later in life.
- 15 to 20 percent may have been exposed to drug and alcohol abuse during pregnancy and early childhood.
- Over half live in extreme poverty with family incomes under \$8,000 a year.
- Over one-third have a parent who is not a high school graduate.

### **NINTH GRADE PROFICIENCY TESTS**

Beginning with the Class of 1994, high school students must pass the state's four-part proficiency test in order to receive a diploma at graduation. Students take the test for the first time in the ninth grade. It covers reading, writing, mathematics, and citizenship. Through the twelfth grade, students have two opportunities each year to re-take those parts of the test they have failed.

Results from the proficiency tests administered in the Fall of 1992 show only 41 percent of all Ohio ninth graders passing all four parts of the test on their first attempt. Even worse, those results show black students scoring well below their white counterparts.

In 1992, 15 percent of black students passed the four-part test on their first attempt, compared to 45 percent for white students.

### **FAMILY INCOME AND EDUCATIONAL ACHIEVEMENT**

Within the four-part test, scores indicated that black students are only a third as likely as whites to pass the mathematics segment of the exam, and only 60 percent as likely as whites to pass the citizenship portion. Yet, these children will face a job market that demands a highly skilled workforce. Black youngsters must have the skills employers need to compete in the global economy of the 1990s.

There is a significant correlation between household income and achievement among students in school. National studies show that dropout rates decrease significantly as family income rises. There is a tenfold difference in the dropout rates between lower and higher income students.

Results from Ohio's Ninth Grade Proficiency Test in 1991 show that of the 22 Ohio school districts where more than 30 percent of the student body receives Aid to Dependent Children (ADC), only one district scored above the state average on the four-part examination. More than 73 percent of Ohio's black public school students live in these 22 school districts.

In contrast, over 82 percent of school districts with less than five percent of students receiving ADC scored above the state average on the proficiency test. The student bodies in 92 percent of these districts are at least 90 percent white.

*Only 16 of Ohio's  
88 counties have  
black populations of  
5,000 or more.  
They are Allen,  
Butler, Clark,  
Cuyahoga, Erie,  
Franklin, Greene,  
Hamilton, Lorain,  
Lucas, Mahoning,  
Montgomery,  
Richland, Stark,  
Summit, and  
Trumbull.*

*Math and science proficiency is as important in the 1990s as reading and writing skills were in the 1890s.*

Ohio will institute its fourth-grade proficiency test in the Spring of 1995. These test results should help Ohio gauge the success of its education program at the elementary school level as the ninth grade proficiency test does for students beginning their high school career.

#### EDUCATION AND FUTURE EARNINGS

While there are no guarantees, higher educational attainment usually translates into

higher earnings. The challenge in the 1990s is to ensure that more of Ohio's black students begin school ready to learn--and once in school--that programs exist to provide opportunities for quality education.

For black students who obtain their high school diploma, the road to college is often difficult. Staying in college to the completion of a degree program is even more difficult.

#### Percentage of Ohio Ninth Graders Passing All Four Parts of Ohio's Proficiency Test on the First Attempt - Fall 1992

| Race  | Reading | Writing | Math | Citizenship | All Four Parts |
|-------|---------|---------|------|-------------|----------------|
| Black | 58      | 51      | 21   | 45          | 15             |
| White | 81      | 70      | 60   | 75          | 45             |
| All   | 77      | 68      | 54   | 70          | 41             |

Ohio Ninth-Grade Proficiency Tests Summary of State Performance --Fall 1992

#### Five Largest Urban Public School Districts Profiles Ninth Grade Proficiency Test Results - Fall 1991

| School District | ADC Rate | % Black | % Passing All Four Parts |       |       |
|-----------------|----------|---------|--------------------------|-------|-------|
|                 |          |         | All                      | Black | White |
| Cleveland       | 61       | 69      | 11                       | 9     | 20    |
| Columbus        | 35       | 49      | 21                       | 15    | 29    |
| Cincinnati      | 39       | 64      | 23                       | 11    | 43    |
| Toledo          | 38       | 39      | 18                       | 9     | 27    |
| Akron           | 32       | 40      | 25                       | 13    | 34    |
| OHIO            | 16       | 15      | 40                       | 14    | 45    |

Ohio Department of Education

- Nationally, a black college student is only half as likely as a white student to receive a bachelors degree six years after high school.

From 1980 to 1990, Ohio's total college enrollment increased by eight percent. In this same period, college enrollment for blacks declined.

#### FACING THE FACTS

### **A NEW PUBLIC AGENDA TO IMPROVE PERFORMANCE IN EDUCATION**

During the 1980s, the gap between poor and non-poor families widened. Far too many children attended inferior schools persistently segregated by income and race. Unless we intervene now, poor black and white children will fall further behind. Raising the skill level of black students benefits all Ohioans by improving job readiness and avoiding the costs of joblessness. **A New Public Agenda** to improve performance in education should:

**#1 Enrich the successful Head Start program.** As state and federal governments expand Head Start, program quality must be insured. The needs of working parents must be addressed by adding more full-day, full-year programs. Trained staff must be hired to provide health, social, and parent involvement services.

**#2 Expand parent involvement programs.** Head Start's parent involvement program should be continued into the elementary years, especially in schools with high concentrations of disadvantaged students. Local school districts should use a small portion of monies targeted for disadvantaged students to hire parent involvement coordinators.

**#3 Expand the successful Jobs for Ohio Graduates program.** Job specialists help graduates find jobs.

*Nearly 67 percent of black Ohioans live in the cities of Akron, Canton, Cincinnati, Cleveland, Columbus, Dayton, Lorain, Toledo, Youngstown. Only 17 percent of white Ohioans live in these cities.*

#### **Average Annual Income Persons 25 Years and Older – US Full-time, Year-round 1993**

|              | No High School | High School | Bachelors | Masters  |
|--------------|----------------|-------------|-----------|----------|
| Black Female | \$13,189       | \$16,957    | \$26,333  | \$30,988 |
| White Female | \$13,656       | \$18,252    | \$27,840  | \$33,604 |
| Black Male   | \$17,507       | \$20,731    | \$31,032  | \$40,815 |
| White Male   | \$21,489       | \$26,790    | \$40,624  | \$46,978 |

Bureau of the Census: Money Income of Households, Families, and Persons in the United States-1991

*More than 66 per-  
cent of all black  
Ohio public school  
students are  
enrolled in only  
10 school districts.*

**#4 Collect pertinent data about Ohio's school children by race.** The Department of Education's Education Management Information System (EMIS) can be a critical tool in identifying the educational status of black children and in determining if programs are producing results.

Although there remain questions about insuring confidentiality of student-specific information, we cannot hold our educational system accountable for improving outcomes for black students without verifiable data.

**#5 Compare achievement and graduation rates by race and income.** The Ohio Department of Education should expand its annual *Progress Report on Education* to highlight programs which improve academic skills and improve proficiency test scores.

#### FACING THE FACTS

### **A NEW PRIVATE AGENDA TO IMPROVE PERFORMANCE IN EDUCATION**

Perhaps more than in any other category, education lends itself most directly to private initiative. Parents are their children's first teachers. They can help their children establish good learning habits and provide encouragement in their studies.

Even for those without children, individuals can participate in helping to improve their local schools. They can tutor students who need extra help, or participate in their local Head Start program. **A New Private Agenda** to improve performance in education should encourage neighborhood groups and individuals to:

**#1 Find out how your local school district and school did on the state's proficiency test.** Use the state's an-

#### **Educational Attainment Level of Ohioans Age 25 and Older by Race**

| Education Level        | % Black | % White |
|------------------------|---------|---------|
| No High School Diploma | 35      | 23      |
| High School Diploma    | 30      | 37      |
| Some College           | 20      | 17      |
| Associates Degree      | 5       | 5       |
| Bachelors Degree       | 6       | 12      |
| Masters Degree         | 3       | 6       |

Totals may not add due to rounding. Ohio Data Users Center 29-Page Report on 1990 Census of Population and Housing

nual *Progress Report on Education* to compare your district's results with statewide results. Ask your school board what is being done to improve the scores and how you can help.

**#2 Set up mentoring and tutoring programs in your church, school, or library.** Pair younger students with college students and employed adults. Volunteer to tutor in your church's after-school program.

**#3 Join your local parent-teacher group,** and go to meetings and participate throughout your child's school career, especially in junior and senior high school, when parent participation tends to drop off. Ensure that parents are represented in academic and curriculum decisions.

**#4 Adopt a school or Head Start program** with your co-workers or members of your club. Find out what their needs are and help them secure funds and programs to improve performance.

**#5 Become your child's first teacher.** Turn off the television and radio, talk to your children and help them with their school work. Read to your preschooler, and take your children to the library.



*Photo by Hope Johnson*

*"Whenever our country has been unified in its efforts -- such as with ending child labor abuses, racial segregation and childhood polio -- we have made measurable improvements and have unleashed the potential of more Americans."*

Mark Real

## Conclusion

The situation for black children in Ohio is deeply troubling, yet filled with opportunities for action and hope. This report issues a call to action for all Ohioans to work toward a better future for black children.

This report challenges us to *face the facts* by meeting reasonable and measurable benchmarks in 1994.

- Improve prenatal care and birthweight rates so more healthy babies live to their first birthday.
  - Reduce the number of black teens who become pregnant.
  - Ensure that children born to unmarried parents have signed birth certificates. Every child deserves a legal father.
  - Improve education opportunities and increase success for black children from preschool to college. Expansion of Head Start, parental and community involvement, and investment in education will pay off in improved standardized test scores and the number of children who graduate from high school and attend college.
  - Enable more families to leave public assistance through improved job training, child care, and education programs.
- To achieve these ends, the State of Ohio should:
- Target resources and outreach efforts to communities with high rates of late

prenatal care and expand Medicaid coverage to more pregnant women in poor working families.

- Enrich the successful Head Start program by expanding more programs to all-day and all-year.
- Expand successful programs such as Jobs for Ohio's Graduates and Cleveland Works.

As citizens of Ohio, we are all responsible for the well-being of our children. As communities we can:

- Learn and disseminate the facts about the health and well-being of children.
- Become well-informed child advocates who urge public officials to take constructive action.
- Work to ensure that services for children are well-managed and encourage parent participation.
- Open church and community buildings for children. Too many of our young people are unsupervised and uninvolved.

Meeting these goals is important, not only for black children, but for all children. When children grow to reach their full potential as productive members of society--society prospers. We cannot afford to waste the talents of even one child.



## SOURCES

Bureau of the Census: *1990 Census of Population and Housing, Summary Population and Housing Characteristics- OHIO; 1990 Census of Population and Housing, Summary Social, Economic, and Housing Characteristics- OHIO; 1990 Census of Population General Population Characteristics- OHIO; Poverty in the United States: 1991*, Current Population Reports P-60, No. 181; *Money Income of Households, Families, and Persons in the United States: 1991*, Current Population Reports P-60 No. 180; Child Support Award Status and Health Insurance Inclusion, by Selected Characteristics for All Women and Women with Incomes Below Poverty Level in 1989; Child Support Payments Agreed To or Awarded, by Selected Characteristics of All Women and Women with Incomes Below Poverty Level in 1989; Bennett, Claudette E., *The Black Population in the United States: March 1991*, Current Population Reports P-20-464.

Centers for Disease Control and Prevention, *Morbidity, and Mortality Weekly Report*, CDC Surveillance Summaries, November 20, 1992, Vol. 41 No. SS-6.

Governor's Commission on Socially Disadvantaged Black Males, *Ohio's African American Males: A Call to Action*, Vol. Two, June 1990.

Horton, Carrell Peterson; and Smith, Jessie Carney; Editors, *Statistical Record of Black America*, Second Edition, Gale Research Inc., 1993.

National Center for Education Statistics: Synder, Thomas D., *Digest of Education Statistics, 1990*; Alsalam, Nabeel; Ogle, Laurence T.; Rogers, Gayle Thompson; *The Condition of Education 1992*; Kaufman, Phillip; McMillen, Marilyn M.; Bradby, Denise, *Dropout Rates in the United States: 1991*.

Office of the Governor, *Expanding Opportunities for Success: Ohio's Second Annual Progress Report on Education*, September 1992.

O'Hare, William; Frey, William H., *Booming, Suburban, and Black*, American Demographics, September 1992, pp. 30-38.

O'Hare, William P.; Pollard, Kelvin M.; Mann, Taynia L.; Kent, Mary M., *African Americans in the 1990s*, Population Reference Bureau, July 1991. Population Bulletin Vol. 46, No. 1.

Ohio Data Users Center, 1990 Census of Population and Housing - Summary Tape File 3A, 29-Page Reports for Ohio, and Butler, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Mahoning, Montgomery, Stark, and Summit counties.

Ohio Department of Education: Ohio Ninth-Grade Proficiency Test Summary of District Performance Fall 1992, Ohio Ninth-Grade Proficiency Test Results Number Tested, Number Passed, Percent Passed by Test Area November 1991 Test Administration 9th Grade; Vocational Education Division, Preliminary Fiscal Year 1992 GRADS Annual Report; Fiscal Year 1992: Percentage ADC, December 31, 1992; Division of Computer Services and Statistical Reports, Public Enrollment for 1991-92.

Ohio Department of Health: Division of Preventive Medicine, Bureau of Communicable Diseases, Immunization Program's Supplement to Grant H23/CCH504479-03 "Immunization Action Plan" 7/16/92. pp. 14 and 16; Statistical Analysis Unit, 1991 Vital Statistics data concerning maternal and child health indicators.

Ohio Department of Human Services: Medicaid Policy Bureau, *Improving Access to Prenatal Care: An Analysis on Prenatal Care and Birth Outcomes*, April 1992; Bureau of Strategic Planning, State of Ohio Aid to Dependent Children, Baseline ADC file, "ADC8591".

Ohio Board of Regents: *1980 Student Inventory Data, 1990 Student Inventory Data, and 1991 Student Inventory Data*, Student Count Racial/Ethnic Category.

Population Reference Bureau and the Center for the Study of Social Policy, *The Challenge of Change: What the 1990 Census Tells Us About Children*, September 1992.

Young, Seth Allen PhD; Keller, Martin PhD MD, *Selected Risk Factors Associated with Failure to Receive Immunizations in an Age Appropriate Manner*, Ohio State University, 1985.



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## Acknowledgments

Over the past decade the Children's Defense Fund has published numerous reports on the status of all children in Ohio, and CDF will continue to be an advocate for all children. However, because of the intensity of problems facing black families, this report focuses on the unique conditions facing black children. It is intended to inspire action by community leaders, parents, and public officials of all races who are working to improve conditions for Ohio's young. In the future we plan to produce a similar report on the status of children in Ohio's Appalachian counties. This report was compiled by a small team who gathered information over a period of several months from nearly a dozen state and federal agencies, as well as private nonprofit organizations.

Robin Harris was the principal researcher who produced draft after draft, incorporating comments and suggestions with humor and grace. Children's Defense Fund President, **Marian Wright Edelman's** lifelong commitment to improving life for black children served as the inspiration. Since she became the first black woman admitted to the practice of law in Mississippi in 1964, she has built the Children's Defense Fund into a multi-racial organization dedicated to improving the condition of all American youngsters. This report is part of the **Black Community Crusade for Children**, which is being coordinated by CDF. Lolita McDavid MD, who is CDF's Greater Cleveland Advocate was involved in the planning and execution of this project, raised funds, and reviewed every section with great care.

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We are deeply grateful to the **members of the report's advisory committee** who generously provided suggestions, guidance, and their time.

The detailed research on the status of black children provided by **Diane Plumb** and **Siran Koroukian** from the Ohio Department of Human Services, and **Freddie Johnson** of the Ohio Department of Health should set the standard for state government. Every public agency should follow their example.

Several persons in public agencies provided information including: **Matthew Cohen**, **Beth Juillerat**, and **Deloris Brown** from the Ohio Department of Education. **Marty Rigo** of the Ohio Department of Human Services, **Linda Ogden** of the Ohio Board of Regents, and **Cheryl Boyce** from the Ohio Commission on Minority Health provided invaluable information. **George Zeller** from the Council for Economic Opportunities in Greater Cleveland is always helpful. **The Junior League of Cleveland** generously supplied many of the photographs.

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April 27, 1993  
Mark Real



**THE BLACK  
COMMUNITY  
CRUSADE FOR  
CHILDREN**

SOME COMMENTS ABOUT

# Facing THE Facts

*"This report balances the need for self-help and community action with a public agenda. Both are necessary if the condition of black children is to be improved in Ohio."*

**Mary Lazarus**  
Community Volunteer

*"The Children's Defense Fund presents another compelling report that documents the need to take action in Ohio. I urge other business leaders to review this report with great care."*

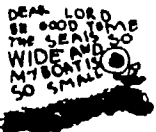
**John B. Gerlach, CEO**  
Lancaster Colony Corporation

*"This report, for the first time, provides helpful and specific ways that we can improve the lives of African American children in Ohio."*

**Lavatus V. Powell**  
Procter and Gamble Corporation

*"I hope this report leads to renewed action on behalf of Ohio families. The rates of teenage pregnancy and poor prenatal care undermine success for an important number of Ohio families, unless we act quickly."*

**Reverend Joan Salmon Campbell, D.D.**  
Former Moderator, General Assembly  
Presbyterian Church U.S.A.



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